Fill in this information to identify your case.	Entered 03/21/19 14:58:18 Document Hage 1 of 64	Desc Main
United States Bankruptcy Court for the:	Document Tage 1 of 04	
Western District of North Carolin	<u>a</u>	
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Part 1: Identify Yourself				
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
1.	Your full name				
	Write the name that is on your	Delida			
	government-issued picture identification (for example, your driver's license or passport).	First name	First name		
		Middle name	Middle name		
	Bring your picture identification to	Baisey			
	your meeting with the trustee.	Last name	Last name		
		Suffix (Sr., Jr, II, III)	Suffix (Sr., Jr, II, III)		
2.	All other names you have used in the last 8 years	Delida			
	-	First name	First name		
	Include your married or maiden names.	D Middle name			
	names.		Middle name		
		Baisey Last name			
		Last name	Last name		
		Delida			
		First name H.	First name		
		Middle name	Middle name		
		Baisey			
		Last name	Last name		
3.	Only the last 4 digits of your Social Security number or	xxx-xx- <u>8</u> <u>2</u> <u>8</u> <u>1</u>	xxx - xx		
	federal Individual Taxpayer	OR	OR		
	Identification number (ITIN)	9xx-xx	9xx-xx		

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		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	☑I have not used any business names or EINs.	☐I have not used any business names or EINs.
	Include trade names and doing business as names	Business name	Business name
		Business name	Business name
		EIN	EIN
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		2701 Lowell Bethesda RD.	
		Number Street	Number Street
		<u> </u>	
		Contonia NC 20050	
		Gastonia, NC 28056 City State ZIP Code	City State ZIP Code
		Gaston	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
6.	Why you are choosing <i>this</i>	Check one:	Check one:
	district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		iived iii tiiis districtionger triarriii arry otrier district.	ilved in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408)
			

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Par	t 2: Tell the Court About Yo	ur Bank	ruptcy Case					
7.	The chapter of the Bankruptcy Code you are choosing to file under	(Form B. CI		scription of each, see A the top of page 1 and o			Individuals Filing for Bankrupto	у
8.	How you will pay the fee	abororde a pr I nee You I recount that	at how you may pay. If your attorney is e-printed address. If your attorney is e-printed address. If your pay the fee in In Filling Fee in Insta I uest that my fee b I not required to, w I applies to your fam	Typically, if you are pays submitting your payments in installments. If you callments (Official Form the waived (You may revaive your fee, and may nily size and you are un	ying the fee yourself, your ent on your behalf, your shoose this option, sign 103A). quest this option only if do so only if your incor able to pay the fee in in-	u may pay with cas attorney may pay and attach the <i>App</i> you are filing for C ne is less than 150 stallments). If you o	our local court for more details sh, cashier's check, or money with a credit card or check with clication for Individuals to Pay hapter 7. By law, a judge may, 1% of the official poverty line choose this option, you must fill file it with your petition.	
9.	Have you filed for bankruptcy within the last 8 years?	☑ No. ☐ Yes.	District District		WhenWM / DDWhenWM / DDWhenWM / DD	/ YYYY	numbernumber	-
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☑No. ☐Yes.	District			Case nur YYY Relations Case nur	ship to you nber, if known ship to you nber, if known	-
11.	Do you rent your residence?		☐ No. Go to lin☐ Yes. Fill out			Against You (Form	101A) and file it as part	

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			33 10	u Own as a Sole Pro	эрпетог				
			No. G	io to Part 4.					
	Are you a sole proprietor of any full- or part-time business?		Yes. N	Name and location of busin	ness				
y r	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any					
I	If you have more than one sole proprietorship, use a separate		Numb	er Street					
\$	sheet and attach it to this petition.								
			City			State	ZIP Code		
			_	k the appropriate box to de	-				
				lealth Care Business (as o					
				single Asset Real Estate (a))		
				stockbroker (as defined in 1	11 U.S.C. § 10	1(53A))			
				Commodity Broker (as defin	ned in 11 U.S.	C. § 101(6))			
				lone of the above					
) 	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	ope 11 U 1	rations	If you indicate that you are a cash-flow statement, and § 1116(1)(B). I am not filing under Chapt Bankruptcy Code. I am filing under Chapt Code.	l federal incon napter 11. ter 11, but I ar	ne tax return or if any n NOT a small busin	of these documents	s do not exist,	follow the procedure in ition in the
Part	4: Report if You Own or Ha			Hazardous Property	or Any Pro	perty That Nee	ds Immediate A	Attention	
14.	Do you own or have any		No.						
l a	property that poses or is alleged to pose a threat of imminent and identifiable		Yes.	What is the hazard?					
s 1	hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			If immediate attention is r	needed, why is	it needed?			_
l r				Where is the property?	Number	Street			

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Middle Name

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Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credi
counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

■ I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

l certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

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Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

to do so

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

Active duty. I am currently on active military duty in

a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Part 6: Answer These Questions for Reporting Purposes				
16. What kind of debts do have?	16a. you		consumer debts? Consumer debts are define personal, family, or household purpose."	ed in 11 U.S.C. § 101(8) as "incurred by
	16 b.		business debts? Business debts are debts the chrough the operation of the business or investigation.	•
	16c.	Yes. Go to line 17. State the type of debts you	owe that are not consumer debts or business	debts.
17. Are you filing under Ch	napter 7?	No. I am not filing under	Chapter 7. Go to line 18.	
Do you estimate that af exempt property is excl and administrative exp are paid that funds will available for distribution unsecured creditors?	uded enses be		opter 7. Do you estimate that after any exemple nat funds will be available to distribute to unse	
	⊴	1-49 🔲 50-99	1,000-5,000 5,001-10,000	25,001-50,000 50,000-100,000
18. How many creditors do estimate that you owe?		100-199 🔲 200-999	10,001-25,000	☐ More than 100,000
19. How much do you esting your assets to be worth		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	□ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you esting your liabilities to be? Part 7: Sign Below	mate 🛄	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
For you	If I have chose Code. I unders If no attorney robtained and robtained request relief I understand no can result in firm // Is/ De Delida	en to file under Chapter 7, I an stand the relief available under epresents me and I did not pare ead the notice required by 11 in accordance with the chap making a false statement, cor	er each chapter, and I choose to proceed und ay or agree to pay someone who is not an atto I U.S.C. § 342(b). oter of title 11, United States Code, specified	Chapter 7, 11,12, or 13 of title 11, United States ler Chapter 7. Driney to help me fill out this document, I have in this petition. Derry by fraud in connection with a bankruptcy case

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Verna Carol Bash-Flowers	Date 03/21/2019
/erna Carol Bash-Flowers, Attorney	MM / DD / YYYY
Verna Carol Bash-Flowers	
Printed name	
Attorney Verna Bash-Flowers	
Firm name	
PO Box 927	
Number Street	
Lowell	NC 28098
City	State ZIP Code
Contact phone <u>(704) 691-7220</u>	Email address vnclaw.bashflowers@outlook.com
38937	NC
Bar number	State

Fill in this informa	tion to identify your case a	nd this filing:	=::	21/19 14:58:18	Desc Main
Debtor 1	Delida First Name	Middle Na	Baisey Impe Last Name	_	
Case number		Middle Na			Check if this is an amended filing
	e A/B: Prope	rty			12/15
fits best. Be as conspace is needed, a	mplete and accurate as p attach a separate sheet to	ossible. If tw this form. O	an asset only once. If an asset fits in mo to married people are filing together, bot in the top of any additional pages, write y Land, or Other Real Estate You	h are equally responsible for su our name and case number (if k	pplying correct information. If more known). Answer every question.
No. Go to		able interest	in any residence, building, land, or simil	ar property?	
1.1 one lev off on t 1 full b	vel break home with utilit the carport and an extra ath, 3 bedrooms, 2 buil backyard with a wooden	carport Idings	What is the property? Check all that app ☑ Single-family home □ Duplex or multi-unit building	amount of any se	cured claims or exemptions. Put the cured claims on Schedule D: lave Claims Secured by Property.
in back	: yard. ddress, if available, or other		☐ Condominium or cooperative☐ Manufactured or mobile home☐ Land	Current value of entire property?	the Current value of the portion you own? 300.00 \$128,300.00
	owell Bethesda RD		☐ Investment property☐ Timeshare☐ Other		re of your ownership interest (such ancy by the entireties, or a life
City	State		Who has an interest in the property? C ✓ Debtor 1 only	heck one. Fee Simple	
County			□ Debtor 2 only□ Debtor 1 and Debtor 2 only□ At least one of the debtors and another	(see instruction	s community property ns)
			Source of Value:		

\$128,300.00

Realtor.com

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages

you have attached for Part 1. Write that number here.....

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Part	: 2: Des	cribe Your Vel	nicles			
				est in any vehicles, whether they are registered or not? In all the cle, also report it on Schedule G: Executory Contracts and		
3. C	ars, vans,	trucks, tractors,	sport utility vehicle	es, motorcycles		
-	☑ No ☑ Yes					
3	.1 Make:		Ford	Who has an interest in the property? Check one. ✓ Debtor 1 only	Do not deduct secured cla amount of any secured cla	aims or exemptions. Put the
	Model:		Focus SE 2015 FORD Focuse SE	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Creditors Who Have Clair	
	Year: Approx	imate mileage:	2015	At least one of the debtors and another	Current value of the entire property? \$11,275.00	Current value of the portion you own? \$11,275.00
		Ü	15433	Check if this is community property (see instructions)	ψ11,213.00	Ψ11,213.00
	Other in	nformation:		7		
5.	Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ✓ No ☐ Yes					
Part	3: Des	cribe Your Per	rsonal and Hous	sehold Items		
Doy	ou own o	r have any legal c	or equitable interes	t in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
		goods and furni	_	shina bitahaassa		
	No		s, furniture, linens, c	silila, kilchenware		
		scribe				\$1,800.00
	lectronics xamples:	Televisions and r		, stereo, and digital equipment; computers, printers, scanr nes, cameras, media players, games	ners; music collections;	
	No Yes. De	scribe	See Attached.			\$210.00
8. C	Collectibles	s of value				
E	xamples:			rints, or other artwork; books, pictures, or other art objects tions; other collections, memorabilia, collectibles	;;	
	Ź No ☑ Yes. De	scribe				

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9.	Equipment for sports and hobbies	
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	✓ No ☐ Yes. Describe	
10.	Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	✓ No ☐ Yes. Describe	
11.	Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	No Misc. articles of women's clothing	\$350.00
12.	Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	No Watches watches	\$30.00
13.	Non-farm animals Examples: Dogs, cats, birds, horses	
	No BEAGLE DOG; 5 years old; AKA Certified; Purchased 08/13/2014	\$400.00
14.	Any other personal and household items you did not already list, including any health aids you did not list	
	✓ No ☐ Yes. Describe	
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$2,790.00
Pa	rt 4: Describe Your Financial Assets	
	o you own or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	
	☑ No ☑ Yes	\$50.00

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17.		ngs, or other financial accounts; certificates of deposit; shares in credit unions, ns. If you have multiple accounts with the same institution, list each.	brokerage houses, and other
		Institution name:	
17.1.	Checking account:	PEIDMONT ADVANTAGE CREDIT UNION Account Number: 2017403152	\$250.00
17.2	Checking account:	Piedmont Advantage Credit Union Acct. # x5960	\$661.78
17.3	Savings account:		
17.4.	Savings account:		
17.5	. Certificates of deposit:		
17.6	Other financial account:		
17.7.	Other financial account:		
17.8	Other financial account:		
17.9	Other financial account:		
18.	Bonds, mutual funds, or pu	ablicly traded stocks	
		estment accounts with brokerage firms, money market accounts	
	☑ No □ Yes		
19.	Non-publicly traded stock a an LLC, partnership, and jo	and interests in incorporated and unincorporated businesses, including a oint venture	n interest in
	✓ No Yes. Give specific information about them		
20.		e bonds and other negotiable and non-negotiable instruments	
		de personal checks, cashiers' checks, promissory notes, and money orders. are those you cannot transfer to someone by signing or delivering them.	
	✓ No Yes. Give specific information about them		
21.	Retirement or pension acco	ounts , ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or pi	rofit-sharing plans
	□ No ☑ Yes. List each account separately.	,,, occording accounts, or outsi portion of pr	Series Commission of the Commi
Туре	e of account: Institution	on name:	

Debi	or 1	First Name	Middle Name	Filegagg/21/19 Dogument	Page 12 of 64	21/19	c Main
Pen	sion plan:	US Airwa	ays, Received Month	ıly		\$440.17	
Pen:	sion plan:	AXA - Re	eceived Monthly			\$8.67	
22.	Security de	posits and prepayn	nents				
	Your share of	of all unused deposits	s you have made so th	nat you may continue ser	vice or use from a compar	ny	
	Examples: A others	Agreements with lan	dlords, prepaid rent, p	public utilities (electric, g	as, water), telecommunic	cations companies, or	
	✓ No ☐ Yes						
23.		A contract for a perio	odic payment of mone	y to you, either for life or	for a number of years)		
	✓ No ☐ Yes						
24.			_	ualified ABLE program	, or under a qualified sta	ate tuition program.	
	_	§ 530(b)(1), 529A(b), and 529(b)(1).				
	✓ No ☐ Yes						
nsti	ution name a	and description. Sepa	arately file the records	of any interests. 11 U.S	C. § 521(c):		
25.	Trusts, equ	itable or future inte	erests in property (ot	her than anything listed	l in line 1), and rights or	powers exercisable for your	
	√ No						
	Yes. Giv	ve specific ion about them					
26.	Patents, co	pyrights, trademarl	ks, trade secrets, and	d other intellectual prop	erty		
	Examples:	Internet domain na	mes, websites, proce	eds from royalties and lie	censing agreements		
	√ No						
	Yes. Givinformat	e specific ion about them					
27.	Licenses, f	ranchises, and othe	er general intangibles	s			
	Examples:	Building permits, e professional licens		operative association ho	ldings, liquor licenses,		
	√ No						
	Yes. Givinformat	e specific ion about them					
/lon	ey or proper	y owed to you?					Current value of the portion you own?
							Do not deduct secured claims or exemptions.

			Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you		
	✓ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal: State: Local:	

Gase 19-30381 Entered 03/21/19 14:58:18 D Doc 1 Filed 03/21/19 Debtor 1 Page 13 of 64 Middle Name 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information....... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else **✓** No ☐ Yes. Give specific information....... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value.... **NORTHWESTERN MUTUAL LIFE** Rocksand Shuff (daughter) \$9,084.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. **✓** No ☐ Yes. Give specific information....... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue

☐ Yes. Describe each claim.....

Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

✓ No

Yes. Describe each claim.....

Debt	Document Page 14 of 64	c Main
	First Name Middle Name POLast Name Fage 14 이 04	
35.	Any financial assets you did not already list	
00.	✓ No	
	Yes. Give specific information	
200	Add the dellawative of all of your entries from Part 4 including any entries for your entries for your entries and	
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	\$10,523.97
Par	5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Pa	rt 1.
37.	Do you own or have any legal or equitable interest in any business-related property?	
	✓ No. Go to Part 6.	
	☐ Yes. Go to line 38.	
		Current value of the portion you own?
		Do not deduct secured claims or exemptions.
20	Accounts receivable or commissions you already earned	ciaime of exemptioner
38.		
	✓ No ☐ Yes. Describe	
39.	Office equipment, furnishings, and supplies	
	Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic	devices
	☑ No □ Yes. Describe	
	163. D636/ID6	
40.	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade	
	☑ No	
	Yes. Describe	
41.	Inventory	
	✓ No ☐ Yes. Describe	
42.	Interests in partnerships or joint ventures	
	☑ No	
	Yes. Describe	
43.	Customer lists, mailing lists, or other compilations	
	✓ No ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
	Yes. Do your lists include personally identifiable information (as defined in 11 0.5.0. § 101(41A))?	
	Yes. Describe	

Debtor 1 Case 19-30381 Doc 1 File gase/21/19 Entered 03/21/19 14:58:18 Desc Main

First Name Middle Name Document Page 15 of 64

	Tilst Name ividule Name - Last Name	
44.	Any business-related property you did not already list	
	✓ No Yes. Give specific	
	information	
45.	Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached	
	for Part 5. Write that number here	\$0.00
Par	6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.	
46	Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
46.	✓ No. Go to Part 7.	
	Yes. Go to line 47.	
	Tes. Go to line 47.	
		Current value of the
		portion you own? Do not deduct secured
		claims or exemptions.
47.	Farm animals	
	Examples: Livestock, poultry, farm-raised fish	
	☑ No	
	☐ Yes	
		ı
48.	Crops—either growing or harvested	
	☑ No	
	☐ Yes. Give specific	
	information	
49.	Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
٦٥.		
	☑ No	1
	☐ Yes	
50.	Farm and fishing supplies, chemicals, and feed	
	☑ No	
	☐ Yes	
51.	Any farm- and commercial fishing-related property you did not already list	
	☑ No	
	☑ Yes. Give specific	
	information	
	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached	
52.		1
52.	for Part 6. Write that number here→	\$0.00

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Delida

Dom:

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Case number (if known)

First Name

Debtor 1

Middle Name

Last Name

SCHEDULE A/B: PROPERTY

Continuation Page

6.	Household goods and furnishi	ngs	*
	lawnmower		\$250.00
	yard /landscaping tools		\$100.00
	sofa(s)		\$100.00
	entertainment center / tv cabi	net	\$250.00
	end tables		\$25.00
	kitchen table		\$10.00
	refrigerator / freezer		\$100.00
	stove		\$150.00
	microwave		\$15.00
	washing machine		\$100.00
	clothes dryer		\$150.00
	dishes / flatware		\$100.00
	pots / pans / cookware		\$100.00
	bed		\$150.00
	dresser(s) / nightstand(s)		\$150.00
	lamps / accessories		\$50.00
7.	Electronics		
	telephone		\$10.00
	television 1		\$100.00
	television 2		\$50.00
	television 3		\$50.00
17.	Deposits of money		
	Checking account:	Truliant Federal Credit Union	\$29.35

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Fill in this information t	o identify your case:		7.7.7.11	
FIII III IIIIS II IIOITTIAIIOTT	to identify your case.			
Debtor 1	Delida		Baisey	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankru	ptcy Court for the:	West	ern District of North C	arolina
Case number (if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as	s Exempt						
 Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exempt, fill in the information below. 							
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption				
	Copy the value from Schedule A/B	Check only one box for each exemption.					
Brief description: one level break home with utility closet off on the carport and an extra carport 1 full bath, 3 bedrooms, 2 buildings in the backyard with a wooden fenced in back yard. 2701 Lowell Bethesda RD Gastonia, NC 28056	\$128,300.00	\$60,000.00 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(1) N.C. Gen. Stat. § 1C-1601(a)(2)				
Line from Schedule A/B: 1.1		100% of fair market value, up to any applicable statutory limit					
Brief description: 2015 Ford Focus SE 2015 FORD Focuse SE Line from Schedule A/B: 3.1	\$11,275.00	\$3,500.00 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(3)				
3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Vi No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes							

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Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:		≦ \$100.00	N.C. Gen. Stat. § 1C-1601(a)(4)
sofa(s)	\$100.00	100% of fair market value, up to	11.6. Gon. Gtat. 3 10 100 1(a)(1)
Line from Schedule A/B: 6		any applicable statutory limit	
Brief description:		✓ \$250.00	N.C. Gon Stat & 1C 1601(a)(4)
entertainment center / tv cabinet	\$250.00	\$250.00 100% of fair market value, up to	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 6		any applicable statutory limit	
Brief description:		5	N.O. Ossa Otal S.10 1004(s)/4)
end tables	\$25.00	\$25.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		_ f	
kitchen table	\$10.00	\$10.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B:6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:			
refrigerator / freezer	\$100.00	\$100.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		- 6.	
stove	\$150.00	\$150.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		□6	
microwave	\$15.00	\$15.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		-6	
washing machine	\$100.00	\$100.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		- 4	
clothes dryer	\$150.00	\$150.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		□6	
dishes / flatware	\$100.00	\$100.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 6		☐ 100% of fair market value, up to any applicable statutory limit	

Part 2:

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Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:		≦ \$100.00	N.C. Gen. Stat. § 1C-1601(a)(4)
pots / pans / cookware	\$100.00	100% of fair market value, up to	N.C. Gen. Stat. 9 10-1001(a)(4)
Line from Schedule A/B: 6		any applicable statutory limit	
Brief description:	\$150.00	1 \$150.00	N.C. Gen. Stat. § 1C-1601(a)(4)
bed Line from Schedule A/B: 6	ψ130.00	☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		≦ \$150.00	N.C. Com Chat S.4C.4C04(a)(4)
dresser(s) / nightstand(s)	\$150.00		N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		5	N.O. O O. 40 4004/ V/N
lamps / accessories	\$50.00	\$50.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		-	
lawnmower	\$250.00	\$250.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		-4	
yard /landscaping tools	\$100.00	\$100.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		√ \$100.00	N.O. O. a. Olat. C.40.4004/a//4/
television 1	\$100.00		N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 7_		■ 100% of fair market value, up to any applicable statutory limit	
Brief description:		□6	
television 2	\$50.00	\$50.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 7		□ 100% of fair market value, up to any applicable statutory limit	
Brief description:		- 6	
television 3	\$50.00	\$50.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 7		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		-A	
telephone	\$10.00	\$10.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 7		□ 100% of fair market value, up to any applicable statutory limit	

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Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description: Misc. articles of women's clothing	\$350.00	\$350.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 11		□ 100% of fair market value, up to any applicable statutory limit	
Brief description: watches	\$30.00	\$30.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 12		any applicable statutory limit	
Brief description: BEAGLE DOG; 5 years old; AKA Certified; Purchased 08/13/2014	\$400.00	\$400.00 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 13_		ану аррисавіе ѕіаіціогу інтііі	
Brief description: Cash	\$50.00	5 \$50.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 16		any applicable statutory limit	
Brief description: PEIDMONT ADVANTAGE CREDIT UNION Account Number: 2017403152 Checking account	\$250.00	\$250.00 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 17			
Brief description: Piedmont Advantage Credit Union Acct. # x5960 Checking account	\$661.78	\$661.78 100% of fair market value, up to	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 17		any applicable statutory limit	
Brief description: Truliant Federal Credit Union Checking account	\$29.34	\$29.34 100% of fair market value, up to any applicable statutory limit	N.C. Gen. Stat. § 1C-1601(a)(4)
Line from Schedule A/B: 17_		any applicable statetory in the	
Brief description: US Airways, Received Monthly	\$440.17	1 \$440.17	N.C. Gen. Stat. § 1C-1601(a)(9)
Line from Schedule A/B: 21		any applicable statutory limit	
Brief description: AXA - Received Monthly	\$8.67	\$8.67	N.C. Gen. Stat. § 1C-1601(a)(9)
Line from Schedule A/B: 21		any applicable statutory limit	

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Part	2.	Additional	Page
ган	∠.	Additional	raye

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description: NORTHWESTERN MUTUAL LIFE Line from Schedule A/B: 31	\$9,084.00	\$9,084.00 100% of fair market value, up to any applicable statutory limit	Art. X, § 5 Con., G.S. §§ 1C-1601(a)(6), 58-205, 58-206

_		- 4 -			04/40 4 4 50 4			
Fill in this information	to identify your case:				21/19 14:58:18 1	B Desc Mai	n	
Debtor 1	Delida		Baisey					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bankı	ruptcy Court for the:	West	ern District of North Carolin	ıa				
Case number						☐ Check if t		
(if known)						amended	filing	
Official Form	~ 106D							
Official Forn								
Schedule	D: Creditor	rs Who H	ave Claims So	ecure	d by Prope	rty	12/1	15
Yes. Fill in all of Part 1: List All	the information below. Secured Claims		our other schedules. You have			2/ 5	0.1.0	
each claim. If me		as a particular claim,	ured claim, list the creditor se list the other creditors in Part o the creditor's name.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.1 State Farm Ban	k , N.A	Describe th	e property that secures the	claim:	\$7,635.73	\$11,275.00	\$0.0)0
P.O. Box 3299		2015 Ford	Focus SE 2015 FORD Focus	se SE				
Number S Milwaukee, WI 5	Street	As of the da	te you file, the claim is: Check	all that apply.				
City	State ZIP C	ode Conting	ent	,				
	debt? Check one.	Unliquid	ated					
Debtor 1 only		Disputed	t					
Debtor 2 only		Nature of li	en. Check all that apply.					
☐ Debtor 1 and	i Debtor 2 only of the debtors and anoth		ement you made (such as mo car loan)	rtgage or				
	claim relates to a		car loan) / lien (such as tax lien, mecha	anic's lien)				
community			nt lien from a lawsuit	11 110 3 11 0 11 <i>1</i>				
Date debt was i 10/06/2016	ncurred		ncluding a right to offset)					

Last 4 digits of account number 0 0 0 1

Add the dollar value of your entries in Column A on this page. Write that number here:

\$7,635.73

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Page 24 of 64 Middle Name Column C Column A Column B Additional Page Unsecured Amount of claim Value of collateral Part 1: After listing any entries on this page, number them beginning with Do not deduct the that supports portion 2.3, followed by 2.4, and so forth. this claim value of collateral. If any WELLS FARGO HOME MORTAGE Describe the property that secures the claim: \$58,375.30 \$128,300.00 \$0.00 Creditor's Name one level break home with utility closet off on the P.O. Box 105647 carport and an extra carport 1 full bath , 3 bedrooms Number Street , 2 buildings in the backyard with a wooden fenced Atlanta, GA 30348-5647 2701 Lowell Bethesda RD Gastonia, NC 28056 ZIP Code Who owes the debt? Check one. As of the date you file, the claim is: Check all that apply. ✓ Debtor 1 only Contingent Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Disputed At least one of the debtors and another Nature of lien. Check all that apply. ☐ Check if this claim relates to a ☑ An agreement you made (such as mortgage or community debt secured car loan) Date debt was incurred ☐ Statutory lien (such as tax lien, mechanic's lien) 05/20/2013 ☐ Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number 0 9 2 8

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number

\$58,375.30 \$66,011.03

here:

	40.0004			20101/10 14.F0.10	Doool	Aoin	
Fill in this information to	identify your case:			21/19 14:58:18	Desc N	/Iall1	
Debtor 1	Delida First Name	Middle Name	Baisey Last Name	-			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	-			
United States Bankrup	otcy Court for the:	West	ern District of North Carolina	_			
Case number (if known)						ck if this is an inded filing	
Official Form	106E/F			<u></u>			
Schedule E	:/F: Credit	tors Who	Have Unsecured	Claims			12/15
Part 1: List All of 1. Do any creditors h No. Go to Part Yes. 2. List all of your pricidentify what type of	Your PRIORITY nave priority unsecute 2. prity unsecured clain of claim it is. If a claim	Y Unsecured Claured claims against ims. If a creditor has in has both priority and	you? more than one priority unsecured clain d nonpriority amounts, list that claim her	n, list the creditor separately for	nonpriority am	ounts. As muc	ch as
Part 1. If more than	n one creditor holds	a particular claim, lis	e creditor's name. If you have more tha t the other creditors in Part 3. ns for this form in the instruction booklet	• •	s, fill out the (Continuation P	age of
				Total claim	Priority amount	Nonpri amoun	-
Lowell, NC 280 City	Name treet 98 State he debt? Check one		Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: apply Contingent Unliquidated Disputed		50.00 5	\$850.00	\$0.00
Debtor 2 onl Debtor 1 and At least one			Type of PRIORITY unsecured claim ☐ Domestic support obligations ☐ Taxes and certain other debts you government ☐ Claims for death or personal injuried.	u owe the			

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Dobio	First Name Middle Name	Document Page 26 of 64	
Part	2: List All of Your NONPRIORITY Unsecure	ed Claims	
_	Oo any creditors have nonpriority unsecured claims aga		
	No. You have nothing to report in this part. Submit this fYes.	form to the court with your other schedules.	
		abetical order of the creditor who holds each claim. If a creditor has more that	an one nonpriority
u	nsecured claim, list the creditor separately for each claim.	. For each claim listed, identify what type of claim it is. Do not list claims already	y included in Part 1. If more
	nan one creditor holds a particular claim, list the other cred Part 2.	ditors in Part 3. If you have more than three nonpriority unsecured claims fill out	the Continuation Page of
			Total claim
4.1	American Kennel Club	Last 4 digits of account number 0490	\$15,901.23
	Nonpriority Creditor's Name	When was the debt incurred? 08/13/2014	
	P.O. Box 659820	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	SAN ANTONIO, TX 78265-9120 City State ZIP Code	Unliquidated	
	•	Disputed	
	Who incurred the debt? Check one. ✓ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
	Is the claim subject to offset?	✓ Other. Specify	
	☑ No	credit card	
	Yes		
4.2	ARVEST BANK	Last 4 digits of account number 4299	\$5,910.74
	Nonpriority Creditor's Name	When was the debt incurred? 03/13/2018	
	P.O. BOX 298	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	LOEWLL, AR 72745 City State ZIP Code	Unliquidated	
	•	Disputed	
	Who incurred the debt? Check one. ✓ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	☐ Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other	
	☐ Check if this claim is for a community debt	similar debts	
	Is the claim subject to offset?	✓ Other. Specify	
	☑ No	Personal Loan	
	☐ Yes		
4.3	BANK OF AMERICA	Last 4 digits of account number 6954	\$34,542.69
	Nonpriority Creditor's Name	When was the debt incurred? 12/31/1969	
	P.O. BOX 15019	As of the date you file, the claim is: Check all that apply.	
	Number Street	☐ Contingent	
	WILMINTON, DE 19886-5019 City State ZIP Code	Unliquidated	
	•	☐ Disputed	
	Who incurred the debt? Check one. ✓ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	☐ Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other	
	☐ Check if this claim is for a community debt	similar debts	

☑ No

Is the claim subject to offset?

Other. Specify credit card

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Delida Domaissing Page 27 of 64 Case number (if known)

First Name Middle Name Last Name

BELK REWARDS	Last 4 digits of account number 8184	\$0.
Nonpriority Creditor's Name	When was the debt incurred? 07/01/2014	
254 N NEW HOPE RD Number Street	As of the date you file, the claim is: Check all that apply.	
GASTONIA, NC 28054	Contingent	
City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
At least one of the debtors and another	divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other	
·	similar debts ☑ Other. Specify	
Is the claim subject to offset?	☑ Other. Specify credit card	
Yes		
		\$3,848
BEST BUY Nonpriority Creditor's Name	Last 4 digits of account number 0993 When was the debt incurred? 10/10/2018	
P.O. BOX 9001007	<u></u>	
Number Street	As of the date you file, the claim is: Check all that apply.	
Louisville, KY 40290-1007	Contingent	
City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other	
☐ Check if this claim is for a community debt	similar debts	
Is the claim subject to offset?	☑ Other. Specify	
☑ No	credit card	
☐ Yes		
CHASE	Last 4 digits of account number 9930	\$1,366
Nonpriority Creditor's Name	When was the debt incurred? 12/31/1969	
P.O. BOX 15548 Number Street	As of the date you file, the claim is: Check all that apply.	
WILMINGTON, DE 19886-5548	☐ Contingent	
City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	☐ Student loans	
Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or 	
At least one of the debtors and another	divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
Is the claim subject to offset?	✓ Other. Specify	
☑ No	credit card	
☐ Yes		

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Delida Dosaissinent Page 28 of 64 Case number (if known)

First Name Middle Name Last Name

listing any entries on this page, number them beginning v	with 4.5, followed by 4.6, and so forth.	Total claim
CREDIT ONE BANK	Last 4 digits of account number 7202	\$438
Nonpriority Creditor's Name	When was the debt incurred? 12/10/2018	
P.O BOX 98873	As of the date you file, the claim is: Check all that apply.	
Number Street	☐ Contingent	
Las Vegas, NV 89193-8873 City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
_ ′	☐ Student loans	
☐ Debtor 2 and Debtor 2 and	 Obligations arising out of a separation agreement or 	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	divorce that you did not report as priority claims	
At least one of the debtors and another Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
s the claim subject to offset?	☑ Other. Specify	
√ No	credit card	
☐ Yes		
JCPENNYS	Last 4 digits of account number 51	\$0
Nonpriority Creditor's Name	When was the debt incurred? N/A	
STORE CLOSED	As of the date you file, the claim is: Check all that apply.	
Number Street	☐ Contingent	
N/A, 28056 Dity State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	☐ Student loans	
Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
At least one of the debtors and another At least one of the debtors and another	divorce that you did not report as priority claims	
Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
s the claim subject to offset?	☑ Other. Specify	
☑ No	credit card	
☐ Yes		
Kohl's Payment Center	Last 4 digits of account number 518	<u>\$786</u>
Nonpriority Creditor's Name	When was the debt incurred? 08/01/2000	
P.O. BOX 2983 Number Street	As of the date you file, the claim is: Check all that apply.	
Milwaukee, WI 53201-2983	☐ Contingent	
City State ZIP Code	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
✓ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	☐ Student loans	
☐ Debtor 1 and Debtor 2 only	lacktriangle Obligations arising out of a separation agreement or	
☐ At least one of the debtors and another	divorce that you did not report as priority claims	
Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
s the claim subject to offset?	other. Specify	
☑ No	credit card	
☐ Yes		

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Delida Desissipent Page 29 of 64 Case number (if known)

First Name Middle Name Last Name

Arter	listing any entries on this page, number them beginning v	with 4.5, followed by 4.6, and so forth.	Total claim
4.10	LOWE'S	Last 4 digits of account number 74 8	\$1,110.92
	Nonpriority Creditor's Name	When was the debt incurred? 02/01/1986	
	3250 EAST FRANKLIN BLVD. Number Street	As of the date you file, the claim is: Check all that apply.	
	GASTONIA, NC 28056	☐ Contingent	
	City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	✓ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	☐ At least one of the debtors and another	divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
	Is the claim subject to offset? ✓ No	Other. Specify credit card	
	☐ Yes		
.11	MARATHON	Last 4 digits of account number 6342	\$588.89
	Nonpriority Creditor's Name	When was the debt incurred? 12/31/1969	
	Bankruptcy Department	As of the date you file, the claim is: Check all that apply.	
	PO Box 182125	— Contingent	
	Number Street	☐ Unliquidated	
	City State ZIP Code	Disputed	
	•	Type of NONPRIORITY unsecured claim:	
	Who incurred the debt? Check one.	Student loans	
	☑ Debtor 1 only	 Obligations arising out of a separation agreement or 	
	☐ Debtor 2 only	divorce that you did not report as priority claims	
	☐ Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other	
	At least one of the debtors and another	similar debts	
	☐ Check if this claim is for a community debt	Other. Specify	
	Is the claim subject to offset?	credit card	
	☑ No		
	☐ Yes		
.12	STAR USA FEDERAL CREDIT UNION	Last 4 digits of account number 6306	\$6,979.04
	Nonpriority Creditor's Name	When was the debt incurred? 12/31/1969	
	P.O. BOX 790408 Number Street	As of the date you file, the claim is: Check all that apply.	
	ST. LOUIS,, MT 63179-0408	☐ Contingent	
	City State ZIP Code	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 2 only	☐ Student loans	
	☐ Debtor 1 and Debtor 2 only	lue Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
	Is the claim subject to offset?	Similar debts ☑ Other. Specify	
	✓ No	credit card	

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First Name Middle Name Last Name

be notified	for any debts in F	Parts 1 or 2, do	not fill out o	omeone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Simila t you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional pers r submit this page.
N/A				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line 4.1 of (<i>Check one</i>): Part 1: Creditors with Priority Unsecured Claims
N/A Number	Street			
	Street			Part 2: Creditors with Nonpriority Unsecured Claims
N/A, N/A Dity		State	ZIP Code	Last 4 digits of account number
N/A				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				, ,
N/A				Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			✓ Part 2: Creditors with Nonpriority Unsecured Claims
N/A, N/A				
City		State	ZIP Code	Last 4 digits of account number
N/A				On which entry in Part 1 or Part 2 did you list the original creditor?
Name N/A				Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
N/A, N/A	J 55.			ran 2. Greditors with Nonphonty Onsecured Claims
City		State	ZIP Code	Last 4 digits of account number
N/A				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line 4.10 of (<i>Check one</i>): Part 1: Creditors with Priority Unsecured Claims
N/A Number	Street			
	Sileet			☑ Part 2: Creditors with Nonpriority Unsecured Claims
N/A, N/A City		State	ZIP Code	Last 4 digits of account number
N/A				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
N/A				Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
N/A, N/A		0	710.0	Last A divita of account would an
City		State	ZIP Code	Last 4 digits of account number
N/A Name				On which entry in Part 1 or Part 2 did you list the original creditor?
name N/A				Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
N/A, N/A				i art 2. Orealtors with Non-phonity offsecured Claims
City		State	ZIP Code	Last 4 digits of account number
N/A				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				on whom only har are for are 2 and you not the original ordinor:

N/A Number

N/A, N/A City Street

State

ZIP Code

Last 4 digits of account number _

Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims

☑ Part 2: Creditors with Nonpriority Unsecured Claims

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Debtor 1 Delida Delida Delida Page 31 of 64 Case number (if known) Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page On which entry in Part 1 or Part 2 did you list the original creditor? N/A Name Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims N/A Number Street ☑ Part 2: Creditors with Nonpriority Unsecured Claims N/A, N/A City ZIP Code Last 4 digits of account number. State N/A On which entry in Part 1 or Part 2 did you list the original creditor? Name Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims N/A Number Street Part 2: Creditors with Nonpriority Unsecured Claims N/A, N/A City ZIP Code Last 4 digits of account number _ State N/A On which entry in Part 1 or Part 2 did you list the original creditor? Name Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims N/A Number Street ☑ Part 2: Creditors with Nonpriority Unsecured Claims N/A, N/A City ZIP Code Last 4 digits of account number. State On which entry in Part 1 or Part 2 did you list the original creditor? N/A Name Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims N/A Number Street ☑ Part 2: Creditors with Nonpriority Unsecured Claims N/A, N/A City State ZIP Code Last 4 digits of account number N/A On which entry in Part 1 or Part 2 did you list the original creditor? Name Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims N/A Number Street ☑ Part 2: Creditors with Nonpriority Unsecured Claims N/A, N/A City Last 4 digits of account number. State ZIP Code

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First Name Middle Name Last Name

	the Amounts for Each Type of Unsecured Claim		
	nounts of certain types of unsecured claims. This informat ecured claim.	ion is for st	statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each
			Total claim
Total claims	6a. Domestic support obligations	6a.	\$0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	<u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	<u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$850.00
	6e. Total. Add lines 6a through 6d.	6e.	\$850.00
			Total claim
Total claims	6f. Student loans	6f.	\$0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$71,472.86
	6j. Total. Add lines 6f through 6i.	6j.	\$71,472.86

Fill in this information t	to identify your case:			21/19 14:58:18	Desc Main
Debtor 1	Delida		Baisey		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:			ern District of North Carolina		
Case number (if known)					Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☑No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or o	company with whom	you have	e the contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			•
	City		State	ZIP Code	•
2.2					
	Name				•
	Number	Street			•
	City		State	ZIP Code	•
2.3					
	Name				•
	Number	Street			•
	City		State	ZIP Code	•
2.4					
	Name				•
	Number	Street			•
	City		State	ZIP Code	•
2.5					
	Name				•
	Number	Street			•
	City		State	ZIP Code	•

Fill in this inf	formation to in	dentify your case:				21/19 14:58:18	Desc Main
	iorriation to it	dentity your case.			••••	4	
Debtor 1	_	Delida		Baisey			
		First Name	Middle Name	Last Name			
Debtor 2	_						
(Spouse, if	filing)	First Name	Middle Name	Last Name			
United Stat	tes Bankruptc	y Court for the:	Weste	ern District of North Carolin	na		
Case numb	oer						☐ Check if this is an
(if known)							amended filing
Official	Form 1	106H					
Sahad	ا ا مایا	Volus Co	dobtoro				
sched	iule H:	Your Co	debtors				12/15
ooth are equ	ally responsi	ible for supplying	correct information		copy the Add	litional Page, fill it out, and	married people are filing together, I number the entries in the boxes on I). Answer every question.
1 De veu	hava anv aa	debtere? (If you are	filing a joint again	la not list sither analyse so a	oodobtor \		
□ No	nave any coc	debtors? (II you are	e illing a joint case, d	o not list either spouse as a	codebior.)		
✓ Yes							
_	ha laat 0 waa		in a aammunitus ma	O Company at a tage of the contract of the con	onana wita a na	nowh, atataa and tawitawiaa i	aduda Arizana California Idaha
				gety state of territory? (Congton, and Wisconsin.)	ornimunity pro	perty states and territories t	nclude Arizona, California, Idaho,
-	Go to line 3.	•	,	,			
☐Yes. I	Did your spou	use, former spouse,	, or legal equivalent li	ive with you at the time?			
□N	-			·			
☐ Ye	es. In which c	ommunity state or to	erritory did you live?		Fill i	n the name and current add	dress of that person.
N:	ame						
N	umber St	reet					
Ci	ity		State ZIP Code				
3. In Colum	nn 1, list all o	of your codebtors.	Do not include you	r spouse as a codebtor if ye	our spouse is	s filing with you. List the p	erson shown in line 2 again as a
				ake sure you have listed the hedule D, Schedule E/F, or			n 106D), <i>Schedule E/F</i> (Official
Column	1: Your code	btor			c	Column 2: The creditor to w	hom you owe the debt
						Check all schedules that a	pply:

Official Form 106H Schedule H: Your Codebtors page 1 of 1

Schedule D, line

Schedule G, line _____

Schedule E/F, line 4.7

3.1

Name

City

Number

MOORE, LEANNE BAISEY

Street Gastonia, NC 28056

2701 LOWELL BETHESDA ROAD

ZIP Code

State

Fill in this	s information to	identify your case	e:			21/19 1	4:58:18	Desc Ma	ain	
Debtor '	1 .	Delida First Name		aisey st Name						
` .	e, if filing) States Bankrupto umber	First Name cy Court for the:	Middle Name La	st Name	lina		☐ An ☐ A s cha		wing pos	stpetition e following date:
Officia	al Form	1061					MN	1/DD/YYYY		
		<u>1001</u> Your Inc	come							12/15
formation of the following section of the foll	on. If you are me not filing with	narried and not f you, do not incl our name and ca mployment	e. If two married people are iling jointly, and your spous ude information about you ise number (if known). Ansv	se is living with you, r spouse. If more spa	include infor	mation about y	our spouse.	If you are sepa	arated a	nd your
	mation.	ien.		Debtor 1			Deb	tor 2 or non-fi	ling spo	use
attacl inforr emple Inclue self-e	u have more than the a separate pa mation about ad loyers. de part time, sea employed work. upation may incluse unemaker, if it a	ge with ditional asonal, or ude student	Employment status Occupation Employer's name Employer's address	Number Street	Not Employed		□ Emplo	yed Not Em	iployed	
			How long employed there	City	State	Zip Code	City	,	State	Zip Code
Part 2:	Give Detai	Is About Mor	ithly Income							
are s	separated.	ng spouse have r	date you file this form. If yo		or all employe			below. If you n		
			d commissions (before all parties what the monthly wage w			\$0.00		\$0.00		
3. Estin	mate and list m	onthly overtime	рау.	3.	+	\$0.00	+	\$0.00		

\$0.00

\$0.00

4. Calculate gross income. Add line 2 + line 3.

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			For I	Debtor 1		r Debtor : n-filing s		
	Copy line 4 here→	4.		\$0.00	_		\$0.00	
5.	List all payroll deductions:							
	5a. Tax, Medicare, and Social Security deductions	5a.		\$0.00	_		\$0.00	
	5b. Mandatory contributions for retirement plans	5b.		\$0.00	_		\$0.00	
	5c. Voluntary contributions for retirement plans	5c.		\$0.00	_		\$0.00	
	5d. Required repayments of retirement fund loans	5d.		\$0.00	_		\$0.00	
	5e. Insurance	5e.		\$0.00	_		\$0.00	
	5f. Domestic support obligations	5f.		\$0.00	_		\$0.00	
	5g. Union dues	5g.		\$0.00	_		\$0.00	
	5h. Other deductions. Specify:	5h.	+	\$0.00	+_		\$0.00	
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.		\$0.00			\$0.00	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$0.00	_		\$0.00	
	• • •	7.		φυ.υυ	_		φυ.υυ	
8.	List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm							
	Attach a statement for each property and business showing gross receipts,							
	ordinary and necessary business expenses, and the total monthly net income.	8a.		\$0.00	_		\$0.00	
	8b. Interest and dividends	8b.		\$0.00	_		\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive							
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$0.00	_		\$0.00	
	8d. Unemployment compensation	8d.		\$0.00	_		\$0.00	
	8e. Social Security	8e.	\$	1,786.00	_		\$0.00	
	8f. Other government assistance that you regularly receive							
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
	Specify:	8f.		\$0.00	_		\$0.00	
	8g. Pension or retirement income	8g.		\$448.84	_		\$0.00	
	8h. Other monthly income. Specify:	8h.	+	\$0.00	+_		\$0.00	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	52,234.84	_		\$0.00	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$	52,234.84	+		\$0.00	\$2,234.84
11.	State all other regular contributions to the expenses that you list in Schedule	J.						
	Include contributions from an unmarried partner, members of your household, your of friends or relatives.	depende	ents, your roon	nmates, an	d other			
	Do not include any amounts already included in lines 2-10 or amounts that are not a	vailable	to pay expen	ses listed ir	Sched	ule J.		
	Specify:				_		11. +	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The result amount on the Summary of Your Assets and Liabilities and Certain Statistical Information			onthly incon	ne. Write	e that	12.	\$2,234.84
								Combined monthly income
13.	Do you expect an increase or decrease within the year after you file this form? ☑ No. ☐ Yes. Explain:							

				~~~	<u> </u>	<b>6</b> 01/10 1	4:58:18	Desc M	1oin	
Fill	in this information to identify	your case:	_ 5 5 5			1 1	4.30.10	Desc iv	Talli	
D	ebtor 1	la	Bai	sey						
	First N	lame	Middle Name Last	Name	_	Check it	this is:			
	ebtor 2					☐ An a	mended filing			
(S	spouse, if filing) First N	lame	Middle Name Last	Name				wing postpetit		
U	nited States Bankruptcy Cou	rt for the:	Western Dis	trict of N	lorth Carolina	Спар	ter 13 income	e as of the follo	owing date.	
_	ase numberknown)					MM	DD / YYYY			
Of	ficial Form 106	<u>J</u>				_				
Sc	chedule J: Yo	ur Ex	penses							12/15
Pa	Is complete and accurate a cled, attach another sheet to the sheet to	o this form.  Iousehold  e in a separa	On the top of any additiona	al pages,	write your name and cas	se number (if				
2.	Do you have dependents		✓No	<b>'</b>						
	Do not list Debtor 1 and Debtor 2.		Yes. Fill out this information each dependent		Dependent's relations Debtor 1 or Debtor 2	hip to	Dependen age		s dependent liv you?	ve
	Do not state the dependents	s' names.	odon dopondona						lo. 🔲 Yes.	
									lo. 🔲 Yes.	
								<u> </u>	lo. Yes.	
									lo. Yes.	
									lo. Yes.	
3.	Do your expenses include of people other than your your dependents?		<b>☑</b> No □ Yes							
Pa	ort 2: Estimate Your (	Ongoing M	Nonthly Expenses							
	timate your expenses as of bankruptcy is filed. If this								enses as of a c	date after
	lude expenses paid for wit ch assistance and have inc							Your exper	ises	
4.	The rental or home owner ground or lot.	ship expens	ses for your residence. Inclu	ude first n	nortgage payments and ar	ny rent for the	4.		\$436.44	
	If not included in line 4:									
	4a. Real estate taxes						4a.		\$93.51	
	4h Property homeowner's	or renter's i	nsurance				4b.		\$44.75	

4c.

4d.

\$50.00

\$0.00

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Dogunaent Middle Name

			Your expenses
5. <b>Add</b>	ditional mortgage payments for your residence, such as home equity loans	5.	
6. <b>Util</b> i	lities:		
6a.	Electricity, heat, natural gas	6a.	\$236.02
6b. \	Water, sewer, garbage collection	6b.	\$64.92
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$178.61
6d. (	Other. Specify:	6d.	\$0.00
7. <b>Foo</b>	od and housekeeping supplies	7.	\$400.00
8. Chil	ildcare and children's education costs	8.	\$0.00
9. <b>Clo</b>	othing, laundry, and dry cleaning	9.	\$50.00
10. <b>Pers</b>	sonal care products and services	10.	\$0.00
11. <b>Me</b> c	dical and dental expenses	11.	\$100.00
	nsportation. Include gas, maintenance, bus or train fare. not include car payments.	12.	\$75.00
13. <b>Ent</b> e	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
14. <b>Ch</b> a	aritable contributions and religious donations	14.	\$70.00
	urance. not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	a. Life insurance	15a.	\$0.00
15b	b. Health insurance	15b.	\$0.00
15c.	s. Vehicle insurance	15c.	\$100.00
15d.	I. Other insurance. Specify:	15d.	\$0.00
	res. Do not include taxes deducted from your pay or included in lines 4 or 20.  ecify: Car Taxes	16.	\$23.33
17. <b>Inst</b>	tallment or lease payments:		
17a	a. Car payments for Vehicle 1	17a.	\$249.21
17b.	o. Car payments for Vehicle 2	17b.	
17c.	c. Other. Specify:	17c.	
17d.	I. Other. Specify:	17d.	
	ur payments of alimony, maintenance, and support that you did not report as deducted m your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$0.00
	ner payments you make to support others who do not live with you.	19.	\$0.00
	ner real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a	a. Mortgages on other property	20a.	\$0.00
20b.	b. Real estate taxes	20b.	\$0.00
20c.	c. Property, homeowner's, or renter's insurance	20c.	\$0.00
20d.	I. Maintenance, repair, and upkeep expenses	20d.	\$0.00
20e.	e. Homeowner's association or condominium dues	20e.	\$0.00

Debtor 1 Case 19-30381 Doc 1 Fileg 3/21/19 Entered 03/21/19 14:58:18 Desc Main

First Name Middle Name Document Page 39 of 64

21.	Other. Spec	sify:	21.	+\$0.00
22.	Calculate y	our monthly expenses.		
	22a. Add lin	es 4 through 21.	22a.	\$2,171.79
	22b. Copy li	ne 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$0.00
	22c. Add line	e 22a and 22b. The result is your monthly expenses.	22c.	\$2,171.79
3.	Calculate y	our monthly net income.		
	23a. Copy li	ne 12 (your combined monthly income) from Schedule I.	23a.	\$2,234.84
	23b. Copy y	our monthly expenses from line 22c above.	23b.	<b>-</b> \$2,171.79
	23c. Subtrac	ct your monthly expenses from your monthly income.		
	The re	esult is your monthly net income.	23c.	\$63.05
24.	For example	ect an increase or decrease in your expenses within the year after you file this form?  e, do you expect to finish paying for your car loan within the year or do you expect your ayment to increase or decrease because of a modification to the terms of your mortgage?		
	☑ No. ☐ Yes.	None		

Fill in this information t	o identify your case:		1 100/04/40	- · · · · · · · · · · · · · · · · · · ·	21/19 14:58:18	Desc Main	
Debtor 1	Delida		Baisey				
Debtor 2	First Name	Middle Name	Last Name				
(Spouse, if filing)	First Name	Middle Name	Last Name	_			
United States Bankru	ptcy Court for the:	Weste	ern District of North	Carolina			
Case number (if known)						Check if this is an amended filing	
Official Form	106Sum				_		
Summary o	of Your As	ssets and	Liabilitie	s and Cer	tain Statisti	cal	
Informatior	า						12/15
•	omplete the inform	ation on this form. If				orrect information. Fill out a ns, you must fill out a new \$	-

Summarize Your Assets Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$128,300.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$24,588.97 1b. Copy line 62, Total personal property, from Schedule A/B..... \$152,888.97 1c. Copy line 63, Total of all property on Schedule A/B..... Part 2: Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$66,011.03 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D...... 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$850.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... \$71,472.86 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... Your total liabilities \$138,333.89 Summarize Your Income and Expenses Part 3: 4. Schedule I: Your Income (Official Form 106I) \$2,234.84 Copy your combined monthly income from line 12 of Schedule I..... 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J..... \$2,171.79 Case 19-30381 Doc 1 Filed 03/21/19 Entered 03/21/19 14:58:18 Desc Main

Last Name

Delida Description Page 41 of 64 Case number (if known)

Answer These Questions for Administrative and Statistical Records 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. **√**1 Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income. Copy your total current monthly income from Official \$448.84 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority \$0.00 claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$0.00 9g. Total. Add lines 9a through 9f. \$0.00

Debtor 1

First Name

Middle Name

Fill in this information	to identify your case:			21/19 14:58:18	B Desc Main
Debtor 1	Delida		Baisey		
	First Name	Middle Name	Last Name	_	
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankru	uptcy Court for the:	West	ern District of North Carolina	_	
Case number (if known)					Check if this is an amended filing

### Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an attorney	to help you fill out bankruptcy forms?
☑No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the summar  /s/ Delida Baisey  Delida Baisey, Debtor 1  Date 03/21/2019  MM/ DD/ YYYY	y and schedules filed with this declaraion and that they are true and correct.   Date

Case 19-30381 Doc 1 Filed 03/21/19 Entered 03/21/19 14:58:18 Desc Main

Fill in this information	to identify your case:			
Debtor 1	Delida		Baisey	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankru	uptcy Court for the:	West	ern District of North Carolina	
Case number				☐ Check if this is an
(if known)				amended filing

## Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

I. What is your current of Married  Mot married	marital status?				
□ No	s, have you lived anywhere of				
Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
2701 Lowlle Bethesda Number Street  Gastonia, NC 28056 City	RD, State ZIP Code	From <u>07/01/1999</u> To <u>Presant</u>	Number Street  City	State ZIP Code	Same as Debtor 1 From To
Number Street		From To	Same as Debtor 1  Number Street		Same as Debtor 1 From To
City	State ZIP Code	_	City	State ZIP Code	_

	Case 19-3	0381	Doc 1	Filed 03/21/19 Document	Entered 0 Page 44 of	3/21/19 14:58:18 64	Desc Main
ebtor 1	Delida			Baisey		Case number (if know	n)
	First Name	Middle N	Name	Last Name			
	•		•	or legal equivalent in a co Mexico, Puerto Rico, Texa	• • • •	state or territory?(Community Visconsin.)	y property states and territoric
<b>√</b> No	, , ,	,	•		, ,	,	
_	ake sure you fill out <i>Sch</i>	hedule H: \	our Codebto	rs (Official Form 106H).			
		634					
art 2: Exp	olain the Sources	of Your	Income				
Fill in the total	l amount of income you	u received	from all jobs a	erating a business during and all businesses, including eive together, list it only or	ng part-time activities	o previous calendar years? S.	
<b>√</b> No							
_	I in the details.						
			Debtor 1			Debtor 2	
			Sources of	of income Gross	Income	Sources of income	Gross Income
			Check all t	hat apply. (before exclusi	edeductions and ons)	Check all that apply.	(before deductions and exclusions)
	ary 1 of current year ι led for bankruptcy:	until the	☐ Wages bonuse	commissions, s, tips		☐ Wages, commissions, bonuses, tips	
			Operatir	ng a business		Operating a business	
	endar year: to December 31, 2018 Y	; )	☐ Wages bonuse	commissions, s, tips		☐ Wages, commissions, bonuses, tips	
,	YY	YYY	Operatir	ng a business		Operating a business	
	endar year before that to December 31, 2017		☐ Wages bonuse	commissions, s, tips		☐ Wages, commissions, bonuses, tips	
(ouridary 1		YYY	Operatir	ng a business		Operating a business	
nclude incom payments; per nave income t	e regardless of whethe	er that incor interest; div	me is taxable. ⁄idends; mon	ey collected from lawsuits;	are alimony; child s	upport; Social Security, unemp ling and lottery winnings. If you	
<b>G</b> 100.1 III	Till the detaile.		Debtor 1			Debtor 2	
			Sources of	of income Gross	income from each	Sources of income	Gross Income from each
			Describe t	pelow. source	deductions and	Describe below.	source (before deductions and exclusions)
Francis Is	ary 1 of current year u	ıntil the	Pension		\$448.67		
From Janu		4. IUI UIG	1 013011		ψ-τ-υ.υ <i>ι</i>		

or last calenda anuary 1 to De or the calenda anuary 1 to De		Social Security Pension  Social Security  Pension	\$20,400.00 \$5,386.00		_
or the calendaranuary 1 to De	ecember 31, 2018 YYYYY  ar year before that: ecember 31, 2017	Pension  Social Security	\$5,386.00		
or the calendar anuary 1 to De 3: List Ce	ar year before that: ecember 31, 2017	Social Security			
anuary 1 to De	ecember 31, <u>2017</u> )		\$20,400.00		
anuary 1 to De	ecember 31, <u>2017</u> )				
			\$5,386.00		
		Made Before You File primarily consumer debts?	d for Bankruptcy		
No. <b>Neith</b> indivi	her Debtor 1 nor Debtor 2 idual primarily for a person	has primarily consumer de al, family, or household purpo	ebts. Consumer debts are definose."  ay any creditor a total of \$6,425*	- ,,	"incurred by an
□N	lo. Go to line 7.				
☐ Ye	creditor. Do not inclu		of \$6,425* or more in one or mor apport obligations, such as child		
* Sub			at for cases filed on or after the	date of adjustment.	
	ng the 90 days before you fi		ebts.		
<b>√</b> Y€	payments for domes	tor to whom you paid a total c	ay any creditor a total of \$600 or of \$600 or more and the total an as child support and alimony. A	nount you paid that creditor.	
<b>√</b> 1Y€	es. List below each credi	tor to whom you paid a total c	ay any creditor a total of \$600 or of \$600 or more and the total an	nount you paid that creditor.	
Wells	res. List below each credit payments for domes this bankruptcy case.  Fargo Home Mortgage	tor to whom you paid a total of tic support obligations, such a Dates of	ay any creditor a total of \$600 or of \$600 or more and the total an as child support and alimony. A	nount you paid that creditor. Iso, do not include payment	s to an attorney for
Wells Credito	es. List below each credi payments for domes this bankruptcy case.	tor to whom you paid a total of tic support obligations, such a Dates of payment	of \$600 or more and the total and as child support and alimony. A	nount you paid that creditor. Iso, do not include payments  Amount you still owe	was this payment for  ✓ Mortgage
Wells Credito	res. List below each credit payments for domes this bankruptcy case.  Fargo Home Mortgage or's Name box 105647	tor to whom you paid a total of tic support obligations, such a Dates of payment	of \$600 or more and the total and as child support and alimony. A	nount you paid that creditor. Iso, do not include payments  Amount you still owe	Was this payment for  ✓ Mortgage  □ Car
Wells Credito PO Bo Numbe	Eargo Home Mortgage or's Name ox 105647 er Street a, GA 30348	tor to whom you paid a total of tic support obligations, such a Dates of payment	of \$600 or more and the total and as child support and alimony. A	nount you paid that creditor. Iso, do not include payments  Amount you still owe	Was this payment for  ✓ Mortgage  Car  Credit card

Case 19-30381 Doc 1 Filed 03/21/19 Entered 03/21/19 14:58:18 Desc Main Document Page 46 of 64 Debtor 1 Delida Baisey Case number (if known) First Name Middle Name Last Name Dates of Total amount paid Amount you still owe Reason for this payment payment Insider's Name Street Number City State ZIP Code 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. **√**No Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still owe Reason for this payment payment Include creditor's name Insider's Name Number Street City State ZIP Code

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

_	
V	Nο

Yes. Fill in the details.

	Nature of the case	Court or agency		Status of the case
Case title				Pending
		Court Name		On appeal
Case number		Number Street		Concluded
		City	State ZIP	Code

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btor 1	Delida First Name	Middle Name	Baisey Last Name		Case number (if known	1)
	riistivaille	Middle Name	Last Name			
	year before you filed t apply and fill in the d		any of your property reposse	essed, foreclosed, garnish	ed, attached, seized, or	levied?
<b>√</b> No. Go	to line 11.					
Yes. Fill	in the information be	low.				
			Describe the propert	t <b>v</b>	Date	Value of the property
Creditor's N	ame					<del>.</del> .——
Number	Street		Explain what happen	ned		
			Property was repos	sessed.		
			Property was forecle	osed.		
			Property was garnis			
City	State	e ZIP Code	Property was attach	ned, seized, or levied.		
☐ Yes. Fil	l in the details.	r	Describe the action the credi	itor took	Date action was	Amount
Yes. Fil			Describe the action the credi	itor took	Date action was taken	Amount
			Describe the action the credi	itor took		Amount
Creditor's N	ame		Describe the action the credi	itor took		Amount
Creditor's N	ame	ZIP Code				Amount
Creditor's N	ame Street	ZIP Code	Describe the action the credi			Amount
Creditor's N Number City	ame Street State	ZIP Code La	ast 4 digits of account number:	XXXX	taken	
Creditor's N Number City  12. Within 1	ame Street State	ZIP Code La		XXXX	taken	
Creditor's N Number City	ame Street State	ZIP Code La	ast 4 digits of account number:	XXXX	taken	
Number City 12. Within 1	ame Street State	ZIP Code La	ast 4 digits of account number:	XXXX	taken	
Creditor's N  Number  City  12. Within 1: receiver, a cu	ame Street State	ZIP Code La	ast 4 digits of account number:	XXXX	taken	
Creditor's N  Number  City  12. Within 1: receiver, a cit  No  Yes	ame Street State year before you filed ustodian, or another	ZIP Code La	ast 4 digits of account number: any of your property in the p	XXXX	taken	
Creditor's N  Number  City  12. Within 1: receiver, a cit  No  Yes  art 5: Lis	ame Street State  year before you filed ustodian, or another	ZIP Code La	ast 4 digits of account number:  any of your property in the p	XXXX possession of an assigned	e for the benefit of cred	
Creditor's N  Number  City  12. Within 1  receiver, a cit  No  Yes  Part 5: Lis	ame Street State  year before you filed ustodian, or another	ZIP Code La	ast 4 digits of account number: any of your property in the p	XXXX possession of an assigned	e for the benefit of cred	
Creditor's N  Number  City  12. Within 1: receiver, a cit  No  Yes  art 5: Lis	ame Street State  year before you filed ustodian, or another	ZIP Code La	ast 4 digits of account number:  any of your property in the p	XXXX possession of an assigned	e for the benefit of cred	
Creditor's N  Number  City  12. Within 1 1  receiver, a cu  No  Yes  13. Within 2	ame Street State  year before you filed ustodian, or another	ZIP Code La  I for bankruptcy, was official?  and Contributions d for bankruptcy, did	ast 4 digits of account number:  any of your property in the p	XXXX possession of an assigned	e for the benefit of cred	
Creditor's N  Number  City  12. Within 1 1  receiver, a cu  No  Yes  13. Within 2	Street  State  State  year before you filed ustodian, or another  st Certain Gifts a	ZIP Code La  I for bankruptcy, was official?  and Contributions d for bankruptcy, did	ast 4 digits of account number:  any of your property in the p	XXXX possession of an assigned	e for the benefit of cred	
Creditor's N  Number  City  12. Within 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Street  State  State  year before you filed ustodian, or another  st Certain Gifts a	ZIP Code La  I for bankruptcy, was official?  and Contributions d for bankruptcy, did	ast 4 digits of account number:  any of your property in the p	XXXX possession of an assigned	e for the benefit of cred	
Creditor's N  Number  City  12. Within 1 1  receiver, a cu  No  Yes  21. Vithin 2 1  No	Street  State  State  year before you filed ustodian, or another  st Certain Gifts a	ZIP Code La  I for bankruptcy, was official?  and Contributions d for bankruptcy, did	ast 4 digits of account number:  any of your property in the p	XXXX possession of an assigned	e for the benefit of cred	
Creditor's N  Number  City  12. Within 1 1  receiver, a cu  No  Yes  13. Within 2	Street  State  State  year before you filed ustodian, or another  st Certain Gifts a	ZIP Code La  I for bankruptcy, was official?  and Contributions d for bankruptcy, did	ast 4 digits of account number:  any of your property in the p	XXXX possession of an assigned	e for the benefit of cred	
Creditor's N  Number  City  12. Within 1: receiver, a cu  No Yes  Part 5: Lis  13. Within 2:	Street  State  State  year before you filed ustodian, or another  of Certain Gifts a years before you file  I in the details for each	ZIP Code La  I for bankruptcy, was official?  and Contributions d for bankruptcy, did	ast 4 digits of account number:  any of your property in the p	xxxx	taken e for the benefit of cred	

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Debtor 1 Delida Baisey Case number (if known) First Name Middle Name Last Name Gifts with a total value of more than \$600 per Describe the gifts Dates you gave Value the gifts person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you _ 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? √No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that Describe what you contributed Value Date you total more than \$600 contributed Charity's Name Number Street ZIP Code City State Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? **√**No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your loss Value of property lost how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

	Case 19	-30381	Doc 1	Document	Page 49 of	3/21/19 14:58:18 64	Desc Main
tor 1	Delida			Baisey		Case number (if kno	own)
	First Name	Middle		Last Name			
t 7: List	t Certain Paym	nents or T	ransfers				
eking bank	cruptcy or preparin	ng a bankrup	tcy petition?	or anyone else acting on dit counseling agencies for			yone you consulted about
	in the details.						
			<b>Description</b>	and value of any property	transferred	Date payment or transfer was made	Amount of payment
erson Who	o Was Paid						
lumber	Street						
ity	State	ZIP Code					
mail or wel	ebsite address						
erson Who	Made the Payment	t, if Not You					
al with you not include	rear before you file or creditors or to me any payment or tra	ake paymen	ts to your cred	ditors?	your behalf pay or ti	ransfer any property to any	one who promised to help y
al with you not include No	ır creditors or to m	ake paymen	ts to your cree u listed on line	ditors? 16.			yone who promised to help y
al with you not include No	r creditors or to me any payment or tra	ake paymen	ts to your cree u listed on line	ditors?		ransfer any property to any  Date payment or transfer was made	one who promised to help y  Amount of payment
al with you not include No Yes. Fill	r creditors or to me any payment or tra	ake paymen	ts to your cree u listed on line	ditors? 16.		Date payment or	
al with you not include ☑ No ☑ Yes. Fill Person Who	ir creditors or to me any payment or tra	ake paymen	ts to your cree u listed on line	ditors? 16.		Date payment or	
al with you not include of No  ☐ Yes. Fill  Person Who	ir creditors or to me any payment or training in the details.  To Was Paid  Street	ake payment	ts to your cree u listed on line	ditors? 16.		Date payment or	
al with you not include not include No Yes. Fill	ir creditors or to me any payment or training in the details.  Do Was Paid  Street	ake paymen	ts to your cree u listed on line	ditors? 16.		Date payment or	
with you not included No Yes. Fill Person Who lumber Sity  Within 2 y linary cour ude both on not included No	in the details.  Do Was Paid  Street  State  rears before you filtree of your busines outright transfers ar	ZIP Code  led for bankr ss or financia	ts to your cree u listed on line  Description a  ruptcy, did you al affairs? nade as securi	ditors? 16.  and value of any property u sell, trade, or otherwise	transferred	Date payment or	Amount of payment
with you not include No Yes. Fill Person Who Number Sity  Within 2 y linary cour lude both on tinclude	in the details.  o Was Paid  Street  State  vears before you filterse of your busines outright transfers are gifts and transfers are gifts and transfers	ZIP Code  led for bankr ss or financia	ts to your cree u listed on line  Description a  ruptcy, did you al affairs? nade as securi	ditors? 16.  and value of any property  u sell, trade, or otherwise ity (such as the granting of	transferred	Date payment or transfer was made	Amount of payment

	Case 19			Document			
otor 1	Delida			Baisey	Page 50 of 64	Case number (if known) _	
	First Name	Middle	Name	Last Name			
			Description transferred	and value of property	Describe any prope or debts paid in ex	erty or payments received change	Date transfer was made
Person Who	o Received Transfer						
Number	Street						
City	State	ZIP Code					
-	elationship to you						
☑ No ☑ Yes. Fill	I in the details.		Description	and value of the prope	rty transferred		Date transfer was
			Description	and value of the prope	rty transferred		Date transfer was made
							made
Name of tru	ust						made
Name of tru	ust						IIIauc
rt 8: Lis . Within 1 y ansferred? clude check	st Certain Finan year before you file king, savings, money	cial According to the desired of the	iptcy, were an	y financial accounts or	osit Boxes, and Storag rinstruments held in your n deposit; shares in banks, cre	ame, or for your benefit, cl	osed, sold, moved, or
nt 8: Lis  D. Within 1 yansferred? Clude checkoperatives,	st Certain Finan year before you file	cial According to the desired of the	iptcy, were an	y financial accounts or	instruments held in your n	ame, or for your benefit, cl	osed, sold, moved, or
D. Within 1 yansferred? clude check poperatives,	st Certain Finan year before you file king, savings, money	cial According to the desired of the	iptcy, were an	y financial accounts or	instruments held in your n	ame, or for your benefit, cl	osed, sold, moved, or
D. Within 1 yansferred? clude check poperatives,	year before you file king, savings, money , associations, and o	cial According to the desired of the	ptcy, were an other financial a I institutions.	y financial accounts or	instruments held in your n	ame, or for your benefit, cl	osed, sold, moved, or es, pension funds,
nt 8: Lis D. Within 1 yansferred? Clude check operatives, V No Yes. Fill	year before you file king, savings, money , associations, and o	cial According to the desired of the	ptcy, were an other financial and institutions.	y financial accounts or accounts; certificates of	Type of account or instrument  Checking	ame, or for your benefit, cledit unions, brokerage house  Date account was closed, sold, moved, or	osed, sold, moved, or es, pension funds,  Last balance before closing or
D. Within 1 yansferred? clude check poperatives, \( \frac{1}{4}\) No \( \backsquare \text{Yes. Fill}	year before you filed king, savings, money, , associations, and o	cial According to the desired of the	ptcy, were an other financial and institutions.	y financial accounts or accounts; certificates of sof account number	Type of account or instrument	ame, or for your benefit, cledit unions, brokerage house  Date account was closed, sold, moved, or	osed, sold, moved, or es, pension funds,  Last balance before closing or
D. Within 1 yansferred? clude check poperatives,	year before you file king, savings, money, associations, and of the details.	cial According to the desired of the	ptcy, were an other financial and institutions.	y financial accounts or accounts; certificates of sof account number	Type of account or instrument  Checking Savings Money market Brokerage	ame, or for your benefit, cledit unions, brokerage house  Date account was closed, sold, moved, or	osed, sold, moved, or es, pension funds,  Last balance before closing or

	Case 19-	30381	Doc 1	Document	Entered 03/21/19 14:58:18 Page 51 of 64	
ebtor 1	Delida First Name	Middle	 Name	Baisey Last Name	Case number (if known	vn)
	i iist ivaiiic	Wilddie	Name	Last Name		
21. Do you nov valuables?	w have, or did you	have within	1 year before	you filed for bankruptcy,	any safe deposit box or other depository for s	ecurities, cash, or other
✓No						
Yes. Fill ir	n the details.					
			Who else	nad access to it?	Describe the contents	Do you still have
						it?
						□No
Name of Finar	ncial Institution		Name			Yes
Number S	treet		Number S	Street		
				0(-(- 7/0.0)-		
			City	State ZIP Code		
City	State Z	IP Code				
	tored property in a	a storage ur	nit or place ot	her than your home within	n 1 year before you filed for bankruptcy?	
√No						
Yes. Fill in	n the details.					
			Who else h	nas or had access to it?	Describe the contents	Do you still have
						it?
Name of Stora	age Escility		Name			□No
Name of Otore	age i demity		Name			Yes
Number S	treet		Number S	Street	_	
-						
-			City	State ZIP Code		
City	State 7	ID Code	•			
City	State Zi	IP Code				
Part 9: Iden	itify Property \	ou Hold o	or Control 1	for Someone Else		
	d or control any pr	roperty that	someone els	e owns? Include any pror	perty you borrowed from, are storing for, or ho	ld in trust for someone
23. Do vou hol	a or corniror arry pr	oporty triat		o onno: moiado any prop	on, you son onou norm, are ordining for, or no	a in a doc for comconci
√No	- 4b					
	n the details.					
√No	n the details.					
√No	n the details.					
√No	n the details.					
√No	n the details.					
√No	n the details.					
√No	n the details.					
√No	n the details.					
√No	n the details.					

First Name   Middle Name   Last Name   Where is the property?   Describe the property   Value		Case 19-	-30381	Doc 1	Filed 03/21/19 Document		ered 03/21/19 14:58:1 52 of 64	.8 Desc Main
Owner's Name   Number   Street	otor 1				•		Case number (if k	nown)
Owner's Name    Number   Street   City   State   ZIP Code		First Name	Middle	Name	Last Name			
Number Street  City State ZIP Code				Where is	the property?		Describe the property	Value
City State ZIP Code	Owner's Na	me		Number	Street			
City State ZIP Code								
City State ZIP Code  Tit 10 Give Details About Environmental Information  If the purpose of Part 10, the following definitions apply:  Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, waste or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, waste or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, waste or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, waste or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, waste or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, waste or material, substance, or utilize it or used to own, operate, or utilize it or used to own	Number	Street		City	State 7IP Cod			
rt to Details About Environmental Information  r the purpose of Part 10, the following definitions apply:  Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, waster or material in the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it or used to own, operate, or utilize it or used to own, operate, or utilize including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Poport all notices, releases, and proceedings that you know about, regardless of when they occurred.  Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No  Governmental unit  Governmental unit  Environmental law, if you know it  Date of notice  City State ZIP Code  City State ZIP Code  Have you notified any governmental unit of any release of hazardous material?				Oity	State Zii Gou			
The purpose of Part 10, the following definitions apply:  Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, waster or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Sport all notices, releases, and proceedings that you know about, regardless of when they occurred.  Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No  Street  Governmental unit  Environmental law, if you know it  Date of notice  City State ZIP Code  Have you notified any governmental unit of any release of hazardous material?	City	State Z	ZIP Code			L		
Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, waste or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  port all notices, releases, and proceedings that you know about, regardless of when they occurred.  Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No  Yes. Fill in the details.  Governmental unit  Governmental unit  Governmental unit  Gity State ZIP Code  The Street  City State ZIP Code  The State ZIP Code  The State ZIP Code	t 10: G	ive Details Abo	ut Enviror	nmental Ir	nformation			
or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material macroscopy of these substances, wastes, or material means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize including disposal sites.  **Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  **port all notices, releases, and proceedings that you know about, regardless of when they occurred.  **Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  **No**    No**   State**   Governmental unit**   Governm	r the purp	ose of Part 10, the f	following de	efinitions ap	oly:			
including disposal sites.  I Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Apport all notices, releases, and proceedings that you know about, regardless of when they occurred.  Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No  Yes. Fill in the details.  Governmental unit  Environmental law, if you know it  Date of notice  Number Street  City State ZIP Code  City State ZIP Code  Leve you notified any governmental unit of any release of hazardous material?	or mater	ial into the air, land, s						
Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  sport all notices, releases, and proceedings that you know about, regardless of when they occurred.  Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No  Yes. Fill in the details.  Governmental unit  Governmental unit  Number Street  Number Street  City State ZIP Code  Have you notified any governmental unit of any release of hazardous material?  No	Site mea	ns any location, facil	lity, or propert	ty as defined	under any environmental la	w, whether	you now own, operate, or utilize it or	r used to own, operate, or utilize
Aport all notices, releases, and proceedings that you know about, regardless of when they occurred.  I has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  I has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  I has any governmental unit	Hazardo	us <i>material</i> means a	nything an er	nvironmental	law defines as a hazardous	s waste, ha	zardous substance, toxic substance,	hazardous material, pollutant,
Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  ✓ No  ✓ Yes. Fill in the details.  ✓ Governmental unit  ✓ Governmental unit  ✓ Street  ✓ City  ✓ State  ✓ ZIP Code  City  ✓ State  ✓ In a potentially liable under or in violation of an environmental law?  ✓ Environmental law, if you know it  ✓ Date of notice  ✓ City  ✓ State  ✓ ZIP Code		•	l proceeding	ıs that vou k	now about, regardless of v	when thev	occurred.	
Name of site    Governmental unit		I in the details.						
Number Street  City State ZIP Code  City State ZIP Code  S. Have you notified any governmental unit of any release of hazardous material?				Governme	ental unit	Enviro	nmental law, if you know it	Date of notice
City State ZIP Code  State ZIP Code  S. Have you notified any governmental unit of any release of hazardous material?	Name of site	e		Government	al unit			
City State ZIP Code  i. Have you notified any governmental unit of any release of hazardous material?	Number	Street		Number	Street			
i. Have you notified any governmental unit of any release of hazardous material? ☑No				City	State ZIP Code			
<b>☑</b> No	City	State Z	ZIP Code					
<b>☑</b> No								
	i. Have you	ı notified any gover	nmental uni	t of any rele	ase of hazardous material	?		
Yes. Fill in the details.	√No							
	Yes. Fill	I in the details.						

	Case 19-30	0381 Doc 1	Filed 03/21/1 Document	9 Entered 03/21/19 14: Page 53 of 64	58:18 Desc Main
tor 1	Delida		Baisey	•	oer (if known)
	First Name	Middle Name	Last Name		
		Governme	ental unit	Environmental law, if you know it	Date of notice
Name of site	e	Government	al unit	-	
Number	Street	Number	Street		
		City	State ZIP Code	-	
City	State ZIP (	Code			
Have you	ı heen a narty in any iu	dicial or administrati	ve proceeding under any	environmental law? Include settlemen	ts and orders
<b>√</b> No	. Doon a party in any ja	alolal of adminional	vo processing ander any		io and ordoro
☐ Yes. Fill	I in the details.				
		Court or a	gency	Nature of the case	Status of the case
Case title _		<u> </u>		_	☐Pending
		Court Name			On appeal
					Concluded
		Number	Street	-	
Case number	er	City	State ZIP Code	_	
			Connections to Ang	y Business ve any of the following connections to a	any business?
☐ A s	sole proprietor or self-er	nployed in a trade, pr	ofession, or other activity,	either full-time or part-time	
☐ A r	member of a limited liab	ility company (LLC) o	or limited liability partnershi	p (LLP)	
☐ A p	partner in a partnership				
	officer, director, or man		corporation		
			securities of a corporation		
_			occurries of a corporation		
	ne of the above applies.				
Yes. Ch	eck all that apply above	and fill in the details b	pelow for each business.		
		Describe	the nature of the busine		cation number ocial Security number or ITIN.
Name				EIN:	
Number	Street			Datas basis	:
		Name of	accountant or bookkeep	er Dates business ex	neten
-					
					To

	Case 19	-30381	Doc 1	Filed 03/21/19 Document	Entered 03/21/19 14:58:18 Page 54 of 64	Desc Main
btor 1	Delida			Baisey	Case number (if known	wn)
	First Name	Middle N	Name	Last Name		
28. Within 2 or other pa		ed for bankru	ıptcy, did you	give a financial statemer	nt to anyone about your business? Include all	financial institutions, creditors
√No						
Yes. F	ill in the details below	<i>1</i> .				
			Date issued	i		
Name			MM / DD / YYY	r <mark>Y</mark>		
Number	Street					
City	State 2	ZIP Code				
	Sign Below					
correct. I ur	nderstand that maki	ng a false stat	tement, conc	ealing property, or obtain	s, and I declare under penalty of perjury that th ing money or property by fraud in connection S.C. §§ 152, 1341, 1519, and 3571.	
Y	4.45			Y		
Signa	s/ De/ ature of Delida Baise	elida Baisey y, Debtor 1		Signature o	f	
Data	03/21/2019			Date		
Date	03/21/2019			Date		
Did you atta	ach additional pages	s to your State	ement of Fina	ancial Affairs for Individu	als Filing for Bankruptcy (Official Form 107)?	
√No						
Yes						
Did you pay	or agree to pay sor	neone who is	not an attorn	ey to help you fill out bar	kruptcy forms?	
<b>√</b> No						

Yes. Name of person -

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information	to identify your case:	21/19 14.56.16 	Desc Main		
Debtor 1	Delida		Baisey	_	
	First Name	Middle Name	Last Name		
Debtor 2				_	
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankru	uptcy Court for the:	West	ern District of North Carolina	_	
Case number (if known)					Check if this is an amended filing

#### Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Yo	our Creditors Who Have Secured Claim	ns							
For any creditor	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.								
Identify the cr	editor and the property that is collateral	What do you intend to do with the property that secures debt?	s a Did you claim the property as exempt on Schedule C?						
Creditor's name:	State Farm Bank , N.A	<ul><li>Surrender the property.</li><li>Retain the property and redeem it.</li></ul>	☐ No <b>☑</b> Yes						
Description of property	2015 Ford Focus SE 2015 FORD Focuse SE	Retain the property and enter into a Reaffirmation Agreement.	<b>_</b>						
securing debt:		Retain the property and [explain]:							
Creditor's	WELLS FAROS HOME MORTAGE	☐ Surrender the property.	□No						
name:	WELLS FARGO HOME MORTAGE	<ul> <li>Retain the property and redeem it.</li> </ul>	<b>√</b> Yes						
Description of property	one level break home with utility closet off on the carport and an extra carport 1	Retain the property and enter into a Reaffirmation Agreement.							
securing debt:	full bath , 3 bedrooms , 2 buildings in the backyard with a wooden fenced in back yard. 2701 Lowell Bethesda RD Gastonia, NC	Retain the property and [explain]:  Payments are current and Debtor will continue to make the payments							

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Dogument Middle Name

Additional Page for Part 1

Debtor 1

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First Name Middle Name DQ

Dogument Page 57 of 64

Part 2: List Your Unexpired Personal Property Leases

escribe your unexpired personal property leases	Will the lease be assumed?
ssor's name:	☐ No
partiation of looped	☐ Yes
scription of leased perty:	
sor's name:	□ No
	☐ Yes
scription of leased perty:	
sor's name:	☐ No
	Yes
scription of leased perty:	<b>3</b> 160
sor's name:	□ No
and the office of	☐ Yes
scription of leased perty:	
sor's name:	☐ No
	☐ Yes
scription of leased perty:	
sor's name:	☐ No
porintian of logged	☐ Yes
scription of leased perty:	
sor's name:	☐ No
porintion of logged	☐ Yes
scription of leased perty:	
3: Sign Below	
3. Sign below	
ler penalty of perjury, I declare that I have indicated my intention about any property of my est	ate that secures a debt and any personal property that
ibject to an unexpired lease.	ate that secures a dept and any personal property that

Date 03/21/2019

MM/ DD/ YYYY

MM/ DD/ YYYY

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B2030 (Form 2030)(12/15)

# United States Bankruptcy Court Western District of North Carolina

In r	re				
Bais	sey, Delida		Case No		
Deb	btor(s)		Chapter	7	_
	DISCLOSURE (	OF COMPENSATION OF ATTORNEY FO	OR DEBTOR		
1.	Pursuant to 11 U .S.C. § 329(a) and Fed. Be compensation paid to me within one year be rendered or to be rendered on behalf of the		y, or agreed	to be paid to	me, for services
	For legal services, I have agreed to a	accept		\$850.00	
	Prior to the filing of this statement I h	nave received		\$850.00	
	Balance Due			\$0.00	
2.	The source of the compensation to be paid	to me was:			
	☑ Debtor □ O	ther (specify)			
3.	The source of compensation to be paid to m	ne is:			
	☑ Debtor ☐ O	ther (specify)			
4.	☑ I have not agreed to share the above-d of my law firm.	isclosed compensation with any other perso	on unless the	y are membei	s and associates
	☐ I have agreed to share the above-discled of my law firm. A copy of the agreement, to	osed compensation with another person or p			
5.	In return for the above-disclosed fee, I have	e agreed to render legal service for all aspe	cts of the bar	nkruptcv case	. includina:
	·	uation, and rendering advice to the debtor		' '	
		chedules, statements of affairs and plan wh	ich may be re	equired;	
	c. Representation of the debtor at the med	eting of creditors and confirmation hearing, a	and any adjou	urned hearing	s thereof;
6.	By agreement with the debtor(s), the above	-disclosed fee does not include the following	g services:		
	Representing debtor in motions to dischar Representing Debtor related to the enforce	rge loans, contested motions, adversary pro ement of 707(a)(b).	ceedings (ie.	lifting the aut	omatic stay).
		CERTIFICATION			
		g is a complete statement of any agreemen tation of the debtor(s) in this bankruptcy pro		ment for	
	03/21/2019	/s/ Verna Carol Bash-Flowers			
	Date	Signature of Attorney			
		Attorney Verna Bash-Flowers  Name of law firm			

Fill	in this information to	identify your case:						theck one box 22A-1Supp:	only as directed in this f	orm and in Form	
D	ebtor 1	Delida		Baisey	3			,			
		First Name	Middle Name	Last Name				<b>⊿</b> 1. There is r	no presumption of abuse	) <u>.</u>	
_	ebtor 2						ן ן נ		ulation to determine if a p		
,	Spouse, if filing)	First Name	Middle Name	Last Name					es will be made under <i>C</i> ation (Official Form 122		
U	nited States Bankrup	otcy Court for the:	West	ern District of Nortl	h Carolina			70 The Mari		, h	
	ase number known)								ns Test does not apply no litary service but it could		
Of	ficial Form	122A-1					[	Check if thi	s is an amended filing		
Cł	napter 7 S	Statement	t of Your (	Current M	1onthly	/ Inc	om	е		12/15	
sepa num milit	arate sheet to this fon ther (if known). If yo tary service, comple	orm. Include the line ou believe that you a	e number to which t are exempted from a at of Exemption fro	he additional inforr a presumption of al	nation applies ouse because	s. On the you do i	top of not hav	any additiona e primarily co	curate. If more space is il pages, write your nar onsumer debts or beca 2A-1Supp) with this for	ne and case use of qualifying	
1.	What is your mari	tal and filing status?	? Check one only.								
	Not married. Fi	Il out Column A, lines	s 2-11.								
	_	ur spouse is filing w	•	•							
		ur spouse is NOT fil				d D 15	0 4				
		ne same household		-					v vou dedare under		
	☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).  ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under under penalty of penalty										
	101(10A). For exact during the 6 months	ample, if you are filing ths, add the income f	g on September 15, t or all 6 months and c	he 6-month period w divide the total by 6. F	ould be March Fill in the result	1 throug . Do not i	nclude a	st 31. If the an any income an	e this bankruptcy case nount of your monthly inconount more than once. F rt for any line, write \$0 in	come varied for example, if	
							Columi Debtoi		Column B  Debtor 2 or non-filing spouse		
2.	Your gross wages, payroll deductions).	salary, tips, bonuse	s, overtime, and co	mmissions (before	all			\$0.00			
3.	Alimony and main spouse.	tenance payments i	f Column B is filled	in. Do not include pa	ayments from a	a		\$0.00			
4.	All amounts from a dependents, incluan unmarried partner	any source which are ding child support. er, members of your hard tributions from a specific tribution of the specific tribution of the specific tributions from a specific tribution of the specific tribution of tribution of the specific tribution of t	Include regular con nousehold, your depe	tributions from endents, parents, and	d roommates.	our					
	payments you listed		·	s is not lilled in. Do r	ioi include			\$0.00			
5.	Net income from of farm	pperating a busines	s, protession, or	Debtor 1	Debtor 2						
	Gross receipts (bef	fore all deductions)		\$0.00							
	Ordinary and neces	ssary operating exper	nses	- \$0.00 -							
	Net monthly income	e from a business, pr	ofession, or farm	\$0.00		Copy here →		\$0.00			
6.	Net income from r	ental and other real	property	Debtor 1	Debtor 2						
	Gross receipts (bef	fore all deductions)		\$0.00							
	Ordinary and neces	ssary operating exper	nses	- \$0.00 -							
	Net monthly income	e from rental or other	real property	\$0.00		Copy here →		\$0.00			
	7. Interest, divid	ends, and royalties				,		\$0.00			

:18_(if known)sc Main

Debtor 1	<b>്റൂട്ടെ</b> 19-303	81 Doc 1	Fileg 03/21/19	Entered 03/21/19	14:58
	First Name	Middle Name	Dogument	Page 60 of 64	

			Debtor 1	Debtor 2 or	
	Haraman Islaman and a samura addan		Ф0.00	non-filing spouse	
8.	Unemployment compensation	amount received was a banefit under	\$0.00		-
	Do not enter the amount if you contend that the a the Social Security Act. Instead, list it here:	1			
	For you	•	n		
	For your spouse		_		
9.	<b>Pension or retirement income.</b> Do not include under the Social Security Act.	any amount received that was a benefit	\$448.84		-
10	<ol> <li>Income from all other sources not listed ab         Do not include any benefits received under the         as a victim of a war crime, a crime against hun         terrorism. If necessary, list other sources on a     </li> </ol>	Social Security Act or payments received nanity, or international or domestic			
					-
To	tal amounts from separate pages, if any.		+	+	_
11	Calculate your total current monthly income column. Then add the total for Column A to the		\$448.84	+	Total current monthly income
	2: Determine Whether the Means Test				
				Once the add house	¢440.04
12a.	Copy your total current monthly income from line			Copy line 11 here →	\$448.84
	Multiply by 12 (the number of months in a year)				<b>x</b> 12
12b.	The result is your annual income for this part of	the form.		12b.	\$5,386.08
3. <b>Cal</b>	culate the median family income that applies to	you. Follow these steps:			
Fill i	n the state in which you live.	North Carolina			
Fill i	n the number of people in your household.	1			
To fi instr	n the median family income for your state and size and a list of applicable median income amounts, guctions for this form. This list may also be availaby do the lines compare?	o online using the link specified in the sep-	arate	13.	\$47,470.00
14a.	Line 12b is less than or equal to line 13. On the Go to Part 3.	ne top of page 1, check box 1, There is no	presumption of abuse.		
14b.	Line 12b is more than line 13. On the top of pa 3 and fill out Form 122A–2.	age 1, check box 2, The presumption of about	use is determined by Form	122A-2. Go to Part	
Part 3	3: Sign Below				
В	y signing here, I declare under penalty of perjury t	hat the information on this statement and	in any attachments is true a	nd correct.	
	,	V			
)	/s/ Delida Baisey	X			
	Signature of Debtor 1	Si	ignature of Debtor 2		
	DateMM/DD/YYYY	Da	te		
Iŧ	you chacked line 1/2 do NOT fill out or file Form	1224_2			
	you checked line 14a, do NOT fill out or file Form you checked line 14b, fill out Form 122A-2 and fil				
	,				

# Case 19-30381 Doc 1 INFINE OF INFINE

IN RE: Baisey, Delida CASE NO
CHAPTER 7

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.							
Date	03/21/2019	Signature	/s/ Delida Baisey				
			Delida Baisey, Debtor				

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American Kennel Club P.O. Box 659820 SAN ANTONIO, TX 78265-9120

#### ARVEST BANK

P.O. BOX 298 LOEWLL, AR 72745

#### Attorney Verna Bash-Flowers

PO Box 927 Lowell, NC 28098

#### BANK OF AMERICA

P.O. BOX 15019 WILMINTON, DE 19886-5019

#### **BELK REWARDS**

254 N NEW HOPE RD GASTONIA, NC 28054

#### **BEST BUY**

P.O. BOX 9001007 Louisville, KY 40290-1007

#### CHASE

P.O. BOX 15548 WILMINGTON, DE 19886-5548

#### CREDIT ONE BANK

P.O BOX 98873 Las Vegas, NV 89193-8873

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JCPENNYS STORE CLOSED N/A28056

Kohl's Payment Center P.O. BOX 2983 Milwaukee, WI 53201-2983

LOWE'S 3250 EAST FRANKLIN BLVD. GASTONIA, NC 28056

#### **MARATHON**

Bankruptcy Department PO Box 182125 Columbus, OH 43218-2125

LEANNE BAISEY MOORE 2701 LOWELL BETHESDA ROAD Gastonia, NC 28056

N/A N/A N/AN/A

STAR USA FEDERAL CREDIT UNION P.O. BOX 790408

ST. LOUIS,, MT 63179-0408

State Farm Bank , N.A P.O. Box 3299 Milwaukee, WI 53201-3299 Case 19-30381 Doc 1 Filed 03/21/19 Entered 03/21/19 14:58:18 Desc Main Document Page 64 of 64

WELLS FARGO HOME MORTAGE P.O. Box 105647 Atlanta, GA 30348-5647